

**I. PROJECT TITLE AND PROJECT PURPOSE STATEMENT**

Caffee, Caffee and Associates Public Health Foundation, Inc.'s Hattiesburg AIR (Asthma episode Reduction) project will serve as a replicable model program for creating behavioral change that benefits the environment by providing education through integration and partnership. The target area is the Greater Hattiesburg area of Mississippi. We will collaborate with long-standing community institutions, including the American Lung Association (ALA), the City of Hattiesburg, the Forrest County Board of Supervisors, the Hattiesburg City School Districts, Forrest County School Districts, Lamar County School Districts, our ten Local Neighborhood Associations, The University of Southern Mississippi, community based organizations, and Faith-Based Institutions. These partners will serve in the capacity of assisting with recruitment of our targeted institutions and dissemination of project results.

As a Level I Community Action for a Renewed Environment (CARE) grantee we have worked with the Greater Hattiesburg area to identify and prioritize the top environmental priorities and to build community climate resilience among disparate populations. It was determined that the top priority was addressing the health and wellbeing of vulnerable residents (i.e. children, women and the elderly) and the air quality in our communities. Asthma is impacted almost exclusively by air quality and worsened by environmental factors that are exacerbated by climate change such as mold, hazardous chemicals and environmental tobacco smoke as well as natural disasters. It was also decided during the CARE Procedural Road Map that community climate resilience would be included as a cross cutting component in all future comprehensive plans for this blighted area. These communities are often the last ones to receive resources and cleanup efforts after disasters thereby exposing children and adult asthmatics for longer periods of time to environmental hazards and higher degrees of physical and psychological stress. This was experienced during both Hurricane Katrina of 2005 and the F5 Tornado that devastated the area in 2013. In the aftermath of these storms, asthmatics relied heavily on the resources, support and information provided by the asthma coalition.

As a public health agency, we understand that effectively battling asthma morbidity and mortality among our minority populations requires not only addressing the physical and tangible aspects, but also taking into account social determinants of health. These issues are experienced on a day to day basis and are worsened exponentially during adverse and traumatic situations. They cripple the community's resiliency through undermining social cohesion that is needed during times of hardship, thereby making it difficult for communities to mobilize resources, react appropriately and rebound quicker. This increases stressors and causes more frequent asthma occurrences, especially in children, who are often not recognized as carrying a large burden of chronic stress. Combating this requires social capital or access to good information and communication networks that make a wide range of resources available. To build this social capital and sustain our efforts of reducing or eliminating harmful environmental factors and asthma triggers among the target populations, CCA PHF hosted an extensive EPA recommended two day Essentials for Healthy Homes training for all staff and community person's working with children and high risk populations, i.e. HeadStart, school and health personnel. It is our premise that building community climate resilience is reliant on the development of informed, empowered and resilient residents and stakeholders with an increased awareness and active participation in making decisions for the future.

This proposal will build upon an existing infrastructure to create, enhance and expand our current and previous work and create a myriad of resources to make the community healthier. Utilizing the knowledge gained from the CARE Level I assessments and Healthy Homes training, we determined that significantly and positively impacting the health outcomes of our residents would require a strong and active asthma coalition and extensive education to build the stakeholder's knowledge and talent base. The coalition was created in 2005, but recently lost funding and is therefore presently inactive and in dire need of revitalization. Having this coalition in place provides the social resources and support system for asthmatics and others with lung diseases. It is also through this coalition that we will reach community individuals to conduct environmental home assessments. Making residents' homes safer and healthier is a primary concern in creating healthier communities. Additionally, health educators, principals and administrators must clearly understand the directives for compliance with the statewide asthma policy and improving children's health. Interpretation and implementation has long been an issue with the success of these policies and we want to alleviate the confusion and facilitate better outcomes for our children. This initiative will reach our target audience of children and the general populous and will provide our partners with the skills and tools necessary to make informed decisions and take responsible actions through the following goals/objectives:

- **Goal 1:** Increase the capacity of the Asthma Coalition in the Greater Hattiesburg area. ***Objective 1** – By May 31, 2016 solicit at least 15 members from the Greater Hattiesburg area to join and actively participate in the Asthma Coalition. **Objective 2** – By May 31, 2016 conduct at least 100 Environmental Home Assessments with residents in the Greater Hattiesburg area.*
- **Goal 2:** Increase the number of schools with understanding of the law and necessary measures to comply with the State of Mississippi's statewide asthma policies. ***Objective** - By May 31, 2016, educate at least ten schools in the Greater Hattiesburg Area on how to be compliant with The Asthma Bill's legislative mandates: (1) all asthmatic students will have an action plan on file, (2) asthmatic students will be allowed to carry and administer their asthma medications per legislative guidelines (3) at least one school staff member will participate in an asthma education training, and (4) an assessment of the campus environment and cleaning processes to identify and eliminate possible asthma triggers.*

The federal environmental statute addressed by this proposal is the Clean Air Act. Our target population will be reached through reactivating and reconvening the Hattiesburg Asthma Coalition, conducting the Environmental Home Assessments, and providing education and toolkits to the schools. Our target audience in the Hattiesburg area is predominantly African American, low income and poverty stricken. From this population base, we will engage at least 15 individuals in the asthma coalition, complete at least 100 Environmental Home Assessments, and provide education to at least ten school officials/nurses and teachers with a combined student population of 5,000. This approach enables us to reach a variety of audiences through formal and informal place-based and community settings.

## **II. ENVIRONMENTAL/PUBLIC HEALTH INFORMATION ON THE AFFECTED COMMUNITY**

The affected community for this project will be African American and low-income asthmatic children and adults in the Greater Hattiesburg, MS area being reached through school and community settings. We understand the necessity of utilizing education to motivate people to a point of contemplation as opposed to simply telling them what changes to make. As a public health agency that works in the community, with the community and for the community, we

experience the blight of our neighborhoods each day. Among the major contributors to asthma in this area are “triggers” such as indoor pollutants and toxic substances. Understanding these nuances and working with our target entities to make a conscious effort to modify unhealthy practices and creating a plan to address asthmatic occurrences is key to increasing health outcomes, especially in minority and underserved populations. Our program seeks to address environmental triggers and preparedness for adverse situations that cause and/or worsen asthmatic episodes in school and community based settings.

According to the Mississippi State Asthma Action Plan 2011-2015, “The epidemic of Asthma has become one of the most critical public health threats for Mississippi.” Ethnic difference in asthma prevalence, morbidity and mortality is reported as being directly correlated with poverty, ***air quality*** and education levels. We have an African American population of 83% with a median household income of \$20,408 and median per capita income of only \$10,778. Devastatingly, 42% of families fall below the poverty line with woman-headed households comprising 54%. These characteristics are indicative of higher rates of poverty which in turn creates a greater likelihood to being affected than other communities. According to the 2009 Mississippi Asthma Mortality Review, “Studies have shown higher asthma mortality rates among African Americans, low-income populations, and populations with low education levels. Reasons for these differences may include differential access to care, ***exposure to environmental factors***, innate differences in immune function, and ***increased exposure to allergens and infections***.” The report continues to explain that “African Americans have a higher prevalence of current asthma among children (age 0-17 years) and adults (age  $\geq 18$  years) (15.7% and 10.1%, respectively) as compared to white children and adults (7.8% and 8.7%, respectively) African Americans are three times more likely to be hospitalized for asthma... and are two times more likely to die of asthma... than whites. In Mississippi, current asthma prevalence in 2008 was higher among African-American children compared to white children of the same age (14.2% vs. 7.2%,  $P < 0.05$ ).” The CDC’s National Asthma Control Program published statistics for Asthma in Mississippi showing the age-adjusted mortality rate by race in 2007 was 24.3% for African Americans and only 5.6% for Whites.

Controlling indoor pollution/conditions (i.e. mold, mildew, chemical sprays and environmental tobaccos smoke) is one of the best methods for decreasing Asthma prevalence, morbidity and mortality rates. With proper pharmacologic, behavioral and environmental interventions, asthma is a highly controllable disease. However, to make these strides requires comprehensive education efforts. Asthma is significantly worsened by environmental conditions, such as those experienced by the old and dilapidated schools in minority neighborhoods. And in these neighborhoods, lung disease is exacerbated by increased pollution levels resulting from climate change and other external factors such as hazardous chemical emissions from industries. This increases the “place-based” disparity experienced by these populations as the opportunities for relocation, renovation or rebuilding is most probably impossible.

Outside of the home, asthmatic children in the general age range of 6-18 years old spend about seven to eight hours a day at school. For this reason it is imperative that the schools implement changes to manage and reduce asthma episodes as outlined in the statewide policy. The Mississippi legislature passed The Asthma Bill in 2009 with an effective implementation and enforcement date of 2010. The bill required that all asthmatic students have an Asthma Action Plan on file at their school and be able to carry and administer their own asthma medications (as age appropriate). Additionally, the schools were mandated to provide comprehensive asthma

management training for all school staff, as well as requiring school nurses to attend certified asthma educator training. Coaches and physical education (PE) teachers were also required to attend specialized training. The schools were encouraged to take an active role in assessing risks and implementing improvement plans for issues that may trigger or aggravate asthma, such as indoor air quality; exposure to hazardous substances, pesticides, and cleaning products; and the diesel exhaust fumes from idling school buses as well. *However*, this policy has been plagued with a lack of implementation and compliance. Left to the loose interpretation and implementation of the schools, it has been rendered ineffective. Many asthmatic children still do not have an action plan on file or are not allowed to carry and administer asthma medications when needed. Likewise, few improvements have been made with the Mississippi schools to reduce asthma triggers. The Mississippi State Department of Health reports that:

- School settings can expose children to asthma triggers including mold, cockroaches, and dust. Children with asthma miss on average **twice as many** days of school than other students, and more school days missed means lower academic performance. Students who have asthma can lead high-quality, productive lives by following a medical management plan and avoiding unnecessary contact with environmental triggers.
- Asthma action plans help patients better control their asthma. Doctors, families, and children should work together to create a plan based on individual triggers, medications, and warning signs, and make sure that schools have them on file.

The Greater Hattiesburg school districts, although mandated to do such, are lacking in all of these areas with our youth, especially minority, African American and low income students, continue to suffer the consequences. The dire need for targeting and decreasing negative health outcomes among low income minorities is overwhelming. When people, especially children, are dying from an easily controlled disease because of factors that they could control, education is necessary. And the most effective method of minimizing human exposure is through local informal contexts in rural and urban settings using place-based and/or community-focused stewardship activities. Utilizing our partners is paramount to the recruitment plan as well as utilizing a Place-based Approach in as much as we must meet individuals and especially children where they are and where they spend a large amount of their time. Improving indoor air quality and protecting residents from risks related is the greatest tool we have in controlling asthma and lung disease triggers.

### **III. ORGANIZATION'S HISTORICAL CONNECTION TO THE AFFECTED COMMUNITY**

For the past several years CCA has worked in the Greater Hattiesburg Area to decrease the prevalence of social, environmental and health injustices and disparities. Through our efforts, Hattiesburg now protects its vulnerable and disparate populations through a comprehensive clean indoor air act that prohibits smoking in enclosed public places. We have worked with the various community sectors (worksites, schools, healthcare, community-at-large, and community institution/organization) to assess and document the availability of health resources, opportunities, and access to care/quality care for our target population. In addition, through our CARE Program we conducted a comprehensive environmental scan and collected over 400 community assessments in some of our most disparate and low income neighborhoods to determine the concerns and priorities of the community and which ones could feasibly be addressed with the limited funding available. Residents have voiced that through our efforts they feel as if they have a voice in the community.

Additionally, we are the community engagement facilitators for the City of Hattiesburg's Brownfields' projects. In understanding that it is pivotal to the success of any community outreach project to meaningfully engage the community and treat them fairly, we undertook the task of ensuring that they had an opportunity to participate in decisions affecting their neighborhoods and/or health and that their concerns would be considered and their involvement actively sought. Through these efforts, we have become more than just a name, but rather we are a presence and a face in the community. Our staff live, work, worship and engage in recreational activities in this area. We are not just *connected* to the community, we *are* the community.

#### IV. PROJECT DESCRIPTION

The following goals will be utilized to address the priorities and issues identified above:

**Goal 1:** Increase the capacity of the Asthma Coalition in the Greater Hattiesburg area.

<b>Objective 1</b> - By May 31, 2016 solicit at least 15 new members from the Greater Hattiesburg area to join the Coalition.		
Activity	Timeline	Who's Responsible
1. Identify community sectors and stakeholders needed for coalition membership.	June 1 - 30, 2015	Programmatic Staff and Partners
2. Conduct outreach and garner commitments from recruits to participate in meetings.	July 1 – 31, 2015	Programmatic Staff and Partners
3. Notify new members of meetings and activities.	August 2015 – May 2016	Programmatic Staff
4. Collect quantitative and qualitative evaluation of the process.	Ongoing	Programmatic Staff

<b>Objective 2</b> – By May 31, 2016 conduct at least 100 environmental home assessments with residents in the Greater Hattiesburg area.		
Activity	Timeline	Who's Responsible
1. Solicit and recruit residents to conduct the assessments with.	June – August 2015	Programmatic Staff and Partners
2. Reassess participants in six months to document positive behavior modifications.	December 2015 – February 2016	Programmatic Staff and Partners
3. Collect quantitative and qualitative evaluation of the process.	Ongoing	Programmatic Staff

**Goal 2:** Increase the number of schools with understanding of the necessary measures for being in compliance with statewide asthma legislation.

<b>Objective 1</b> – By May 31, 2016, at least ten schools in the Grater Hattiesburg area will have increased understanding of compliance with The Asthma Bill and its legislative mandates.		
Activity	Timeline	Who's Responsible
1. Create a toolkit with resources and materials for complying with the Statewide Asthma Bill.	June 2015	Programmatic Staff and Partners
2. Identify all schools in the Greater Hattiesburg area.	July 2015	Programmatic Staff
3. Schedule a meeting to discuss the bill's requirements and provide the toolkit.	August – October 2015	Programmatic Staff, Partners and School Officials
4. Provide technical assistance as needed.	Ongoing	Programmatic Staff
5. Collect quantitative and qualitative evaluation	Ongoing	Programmatic Staff



The goals of this project are replicable and sustainable through integration and partnerships with long-standing community gatekeepers. Partnership, collaboration and integration are the backbone of sustainability for our program. Working with these partners and utilizing new practices, methods and techniques helps to broaden the scope and diversify the audiences we reach. The identified goals are action based and include an explicit behavior modification on the part of the participant. Participants will gain knowledge that transcends into a demonstration of greater understanding of issues that need to be addressed and stewardship measures. Our multi-faceted approach will address asthma, community climate resiliency and health and environmental hazard reduction through the following activities (1) Re-establishing the Asthma Coalition, (2) Conducting Environmental Home Assessments with residents, and (3) Creating a toolkit and educating school officials on being in compliance with state asthma policy guidelines.

**Increased Capacity of Asthma Coalition:** CCA PHF will utilize its extensive base of community and stakeholder partners to re-establish the Asthma Coalition. This coalition will serve as the catalyst for building and sustaining community climate resiliency. They will be situated and designed as the support system for residents both in daily course of life as well as in adverse situations or disasters. Ensuring that these individuals are from the community and well equipped to meet the needs of residents is paramount. For this reason, we will ensure that all sectors of the community are represented and we will strategize with our stakeholders and partners to identify and nominate members from any un/under-represented groups. Recruitment for these organizations and individuals will be conducted through nomination by others, word of mouth, public service announcements and direct invites. One of our main focuses will be to garner active participation from non-traditional cohorts such as the area churches and local businesses. Our MOA partners will also be serving on the coalition and will be a key catalyst for identifying and soliciting additional members. Performance measures for this goal will include number of attendees at meetings and involvement in coalition activities.

A key focus of the asthma coalition at its inception will be conducting the Environmental Home Assessment with their contacts and those in their sphere of influence. The assessments (see appendices) will be completed with at least one hundred residents. Each participant will receive a healthy homes booklet, green cleaning brochure, a care plan detailing measures they can take to make their homes environmentally healthy and a Carbon Monoxide monitor or smoke alarm. Approximately six months after completing the assessment, participants will be re-assessed to determine behavior modifications and if any of the recommendations were utilized. Assessments will not provide their names or identifying information, however, CCA PHF will utilize an abstract identification system to pair pre-assessments with post-assessments. This component is vitally important through encouraging behavior modifications and through promotion of the coalition members to the communities they serve. Meeting residents in their homes and forging this relationship identifies the coalition as a resource and viable support system during day to day life and unexpected calamities. Performance measures for this objective will include the number of completed assessments and behavior modifications of participants on post assessments.

**Policy Compliance with Schools:** Through our collaboration with the Mississippi Tobacco-Free Coalitions, we have partnerships with the school districts of the Greater Hattiesburg area. We will utilize these relationships as a means of recruitment as well as through direct contact with the teachers, principals and superintendents. Our initial method will be to contact the schools and schedule meetings with the teachers, nurses and principals to discuss our materials and the legislative requirements. The meetings will detail why addressing and managing asthma and its

triggers is pivotal to the health and academic success of the students. We will review in detail the components, mandates and recommendations of The Asthma Bill and how the schools can implement and comply with them. Each school will be provided a toolkit for becoming compliant and we will offer our assistance in working with them to create a plan and timeline for compliance. Our focus per school will be increase their understanding of The Mississippi Asthma Bill, ensure that asthma action plans are on file, that school leaders are properly trained and that asthmatic children have immediate access to their medications. And then finally that the schools are identifying and addressing or planning to address allergens and asthma triggers. Performance measures for this objective will be the number of schools provided with information and the number of toolkits distributed. We will also document the responses of the school officials as well as any technical assistance requested.

**Program Sustainability:** Program sustainability will be accomplished through a variety of measures including integration of project components in other programs; continual seeking of funding from federal, state, local and philanthropic sources; and through our strategic partnerships. Integration of programmatic components creates a coordinated effort to accomplish the programmatic objectives. Although economic hardships may reduce the number of available grant opportunities, we will continue to apply for those that help us to further our mission and collective goals. Our strategic partnerships also enable us to create collaborative actions and a consensus based process ensuring sustainability through building long-term capacity to continue improving the local environment after the funding period has ended. We do not minimize fundraising and contributions to insure program sustainability however, in work such as will be done by this grant, the community served will most likely rely on volunteerism. It is of note that due to the changing priorities of funding agencies, little reliance is placed on continued government funding to sustain programs, but rather we hold fast to our organizational mission and goals. In the absence of funding we always continue to be a resource for technical assistance and capacity building.

## V. ORGANIZATIONAL CAPACITY AND PROGRAMMATIC CAPABILITY

Caffee, Caffee and Associates Public Health Foundation, Inc. (CCA PHF) is a 501(c)(3) nonprofit organization founded in 1998 to address public health, cultural, social, and environmental issues in disparate populations and communities. *The mission of CCA PHF is to connect people and underserved communities to organizational and institutional resources to become advocates of their own health and well-being.* The organization is governed by a Board of Directors, managed by Executive Director/CEO Brenda Bell Caffee, and staffed by a team of professional, experienced public health and environmental advocates. We have experience in effectively managing large to medium grants, projects and agency and state consultations including but not limited to:

- **The Environmental Protection Agency – Community Action for a Renewed Environment Program** to address the environmental and health issues identified as most pertinent by the target community/neighborhoods themselves and conduct focus groups to identify community concerns and their sources. These concerns are then ranked and prioritized by the community and advisors to determine what should be addressed during CARE Level II Funding.
- **Environmental Protection Agency – Environmental Justice Grant** to implement comprehensive strategies in underserved southern and rural populations to decrease exposure to secondhand smoke and other pollutants and provide individuals with the resources to be

environmental advocates.

- For the past five years we have been funded by the **Mississippi State Department of Health** to facilitate the Mississippi Tobacco-Free Coalition of Forrest, Jones, Perry, Lamar, Marion, Smith and Covington Counties. Through this program we focus on tobacco cessation and prevention efforts and addressing secondhand smoke exposure through programmatic and awareness activities within schools, churches, businesses and healthcare facilities. This work is accomplished through networking these counties together to facilitate resource sharing.
- **National REACH Coalition – Community Transformation Grant** to increase awareness, promote cessation of tobacco use, increase healthy lifestyle behaviors, and decrease secondhand smoke exposure among African Americans in the South. The primary goals include increasing the number of municipalities with 100% smoke-free ordinances, the number of multi-housing units with smoke-free policies and the number of churches with tobacco-free grounds policies.
- **Action Communities for Health, Innovation and EnVironmental change (ACHIEVE) Program – National Association of Chronic Disease Directors** to engage all community sectors in holistic efforts to reduce chronic disease indicators and risk factors by working with all ages groups to address obesity and physical activity and the need for worksite wellness and church health ministries.
- We promote health parity as Mississippi's lead organization, chosen to assist the CDC REDHAI Project through the elimination of inequities for the Southern Region of CDC's Racial Ethnic Disparities in Health Action Institute (REDHAI) in partnership with the MSDH Office of Preventive Health. This movement increases the capacity of communities through evidence based strategies.
- A CTG sub-grant recipient through My Brother's Keeper to disseminate and collect health assessments designed to gauge the health status, access to care and access to services of residents in southern Mississippi. We collected over 1,200 comprehensive assessments.

Our history of managing large to medium grant projects includes timely and satisfactory reporting of achievements, outputs, and outcomes. Electronic as well as hard copy and bound reports (as requested) have been submitted to EPA and other funders on a quarterly and yearly basis. We have always completed, and in many cases exceeded, program goals and deliverables, while maintaining a reputation for being prompt with fiscal reporting and accountability on all projects. Completion and management of our grants is accomplished through a system of checks and balances. The Executive Director/Principal Investigator monitors all operational activities, financial expenditures and oversees senior staff. Through our hierarchal system, assistants, interns, volunteers and partners work directly with and answer to the senior staff. The quality assurance coordinator answers directly to the principal investigator and works in tandem with the project director. Financial and programmatic reports are created on a monthly basis by the project director and reviewed by all senior staff for approval. Additionally, the quality assurance coordinator ensures that all deliverables are being accomplished per the scope and timeline and that funds are being expended per schedule. Regular meetings are held with the senior staff to discuss project and financial status as well as any necessary modifications.

## **VI. QUALIFICATIONS OF THE PRINCIPAL INVESTIGATOR OR PROJECT MANAGER**

**Principal Investigator, Brenda Bell Caffee's** work with community and government agencies seeking cultural competence has gained international recognition. She led the California African American Tobacco Education Network in developing nationally recognized model



community initiatives. She is an acclaimed national speaker/organizer/trainer and is a vanguard for social and environmental justice and racial/ethnic parity with over 25 years in public and environmental health. She is the creator of the "Not in Mama's Kitchen" (NIMK) secondhand smoke education and eradication program.

**Program Manager, Cheree` Albritton** holds a Bachelor of Science degree in Community Health Sciences from the University of Southern Mississippi, and a Master's degree in Public Health. For nearly two years, she served as the Regional Coordinator for Smokefree Air Mississippi, an initiative designed to improve the health of all Mississippians by educating and advocating for smokefree public places. Cheree` has served as the Project Director for a Community Transformation Grant designed to reduce tobacco use among minors, increase cessation among African Americans to reduce the use and initiation of Menthol products and reduce secondhand smoke by working with local universities/colleges by establishing smoke-free or tobacco- free campuses, the Housing Authority to implement smoke-free multi-unit dwellings and local churches to develop "Tobacco-Free Holy Grounds" policies.

**Program Assistant, Nicole Banks** has experience in community engagement and organizing and is degreed appropriately for the position. She has a long term and established connection and familiarity with the target communities and is a resident of Hattiesburg. She has years of experience working with rural and underserved populations and an understanding of the disparities that must be addressed to increase health outcomes among Mississippi's residents.

**Quality Assurance Coordinator, Cassie Clinton** has nearly a decade of experience in Grant Administration with extensive experience in Microsoft Office Software.

## VII. PAST PERFORMANCE IN REPORTING ON OUTPUTS AND OUTCOMES

CCA PHF has managed the following five federal and non-federal grants in similar size, scope, and relevance to this proposed project within the past three years:

- **The Mississippi State Department of Health, Lead Poisoning and Healthy Homes Program** – Agreement # NA; Project Title: Lead Poisoning and Health Homes Program; Funding Amount: \$7,500; Funding Agency: Mississippi State Department of Health; Point of Contact: Crystal Veazey
- **The Environmental Protection Agency – Community Action for a Renewed Environment** - Agreement#: RE95487012; Project Title: Mississippi CARES; Funding Amount: \$100,000; Funding Agency: Environmental Protection Agency; Point of Contact: William McBride
- **Environmental Protection Agency – Environmental Justice Grant** - Agreement #: EQ-00D10013; Project Title: Mississippi Environmental Justice Advocates; Funding Amount: \$30,000; Funding Agency: Environmental Protection Agency; Point of Contact: William McBride
- **Mississippi Tobacco-Free Coalitions** - Agreement #: NA; Project Title: Mississippi Tobacco-Free Coalition; Funding Amount: \$244,500; Funding Agency: Mississippi State Department of Health; Point of Contact: Tiffany Johnson
- **National Institute on Minority Health and Health Disparities (NIMHD) / Morehouse School of Medicine** - Policy Action Plans to Inform and Influence Local Early Childhood Policy, Programs and Practice – Agreement #: U54 MD0008173-02; Project Title: Policy Action Plans to Inform and Influence Local Early Childhood Policy, Programs and Practice; Funding Amount: \$10,000; Funding Agency: Morehouse School of Medicine; Point of Contact: Wande Benka-Coker

- **National REACH Coalition – Community Transformation Grant** - Agreement #: NA; Project Title: REACHing Greater Hattiesburg; Funding Amount: \$112,500; Funding Agency: National REACH Coalition; Point of Contact: Cathy Morales
- **Action Communities for Health, Innovation and EnVironmental change (ACHIEVE)** - Agreement #: NA; Project Title: ACHIEVEing Health; Funding Amount: \$85,000; Funding Agency: National Association of Chronic Disease Directors; Point of Contact: Jennie Hefelfinger

CCA PHF will use the following data chart to effectively track, measure and evaluate progress and successful completion of objectives on our EPA Environmental Justice grant.

<b>Increase Capacity of Asthma Coalition</b>					
Date of coalition development meetings	Identified sectors for coalition participation	# of new members identified per sector.	# meetings and members present	Agenda, sign-in sheet, minutes, materials and picture	Evaluation/feedback forms.
Completion date of Environmental Home Assessment	Person conducting the assessment.	Application of unique identifier for follow-up assessment.	Quality assurance review, i.e. are all fields completed appropriately.	Agenda, sign-in sheet, minutes, materials presented and pictures (as applicable)	Evaluation/feedback forms.
<b>Policy Compliance with Schools</b>					
# and listing of schools identified	Date of educational meeting	# and title of participants	School name and location	Compliance Status	Agenda, sign-in sheet, minutes, materials presented and pictures

The chart has proven to be a viable resource and evaluation tool, we will utilize it again. Our approach to ensuring the timely and successful achievement of project objectives for past and present programs includes utilization of this form, constant oversight and monitoring by the Principal Investigator with weekly report outs from project staff, as well as the Program Manager and assistant having an in depth understanding and close adherence to the project timeline and logic model. Project staff conduct ongoing and comprehensive documentation of activities, barriers and challenges, while revisiting the work plan on a daily basis to ensure that the deliverables are being met on schedule. To date, CCA PHF has always made progress and achieved the expected outputs and outcomes.

#### **VIII. QUALITY ASSURANCE PROJECT PLAN (QAPP) INFORMATION**

The Principal Investigator and Quality Assurance Coordinator will create the Quality Assurance Project Plan at the discretion and request of EPA.

#### **IX. EXPENDITURE OF AWARDED GRANT FUNDS**

We will ensure that grant funds are expended in a timely and efficient manner through various checks and balances including weekly monitoring by Program Manager and Administrative Personnel. Principal Investigator will be provided an update on a bi-weekly to monthly basis indicating activities completed and the coordinating funds expended and the remaining balance. Weekly planning meetings will include a detailed review of the budget status and an outline of the proposed and/or upcoming expenditures.